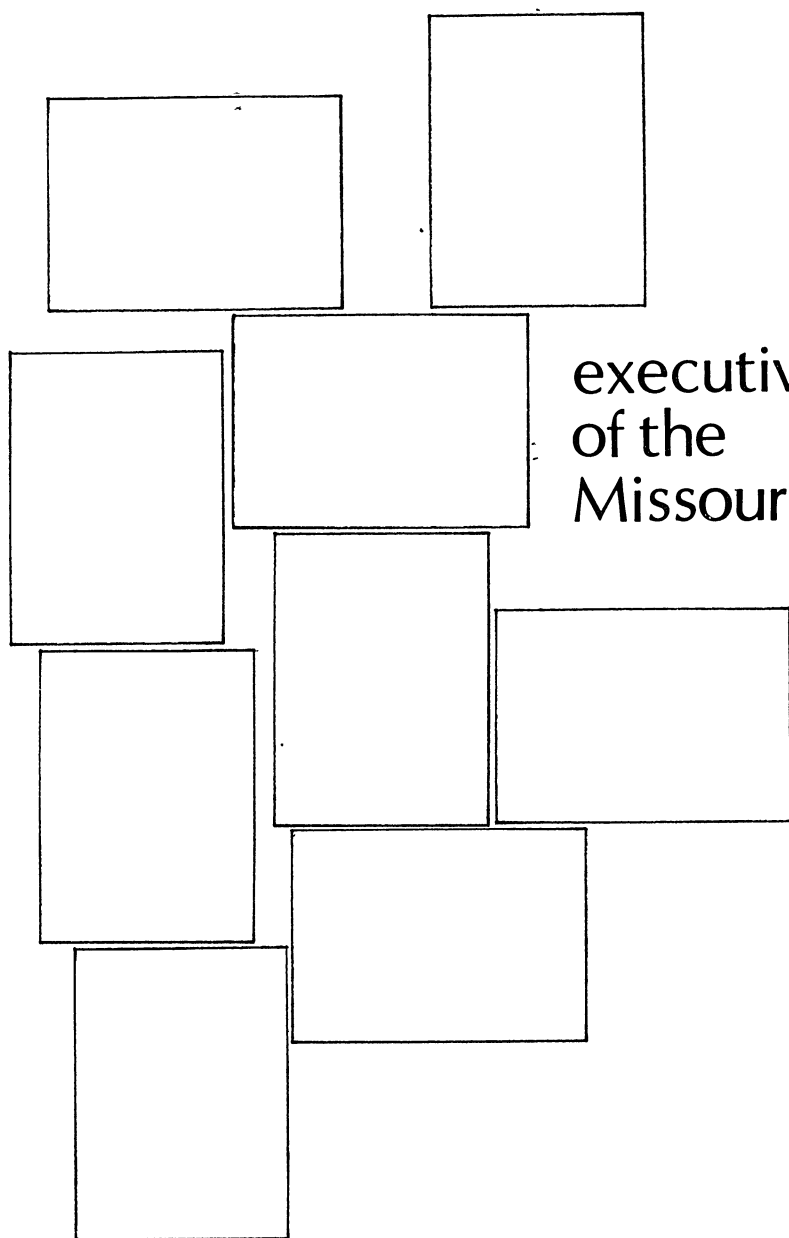


Outlook

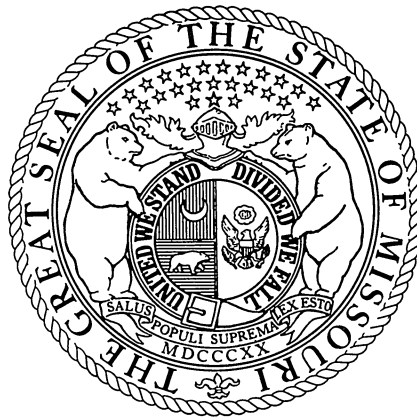
a summary of the Missouri State Health Plan-1979





executive summary
of the
Missouri State Health Plan

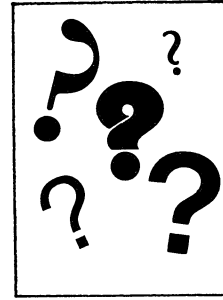
As required by Public Law 93-641, the "National Health Planning and Resources Development Act of 1974," the Missouri Statewide Health Coordinating Council (SHCC), which is composed of consumers and providers of health care, including representatives of the five Health Systems Agencies (HSAs) in Missouri, has released the second edition of the Missouri State Health Plan.



STATEWIDE HEALTH COORDINATING COUNCIL
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
DEPARTMENT OF SOCIAL SERVICES

WHAT IS THE PLAN?

The State Health Plan (SHP) describes the health status of the residents of Missouri, examines health care services currently available in the state, projects the need for health services and resources and delineates strategies for meeting these needs.



It is "population-based planning," focused on the special health problems of this overall state and each of the five health service areas -- the problems of the elderly, of mothers and their infants, of environmental health, of health facilities and personnel and of community health.

The Plan is organized on the basis of total "systems" -- community health promotion and protection, prevention and detection, diagnosis and treatment, habilitation and rehabilitation services, maintenance, support and enabling services.

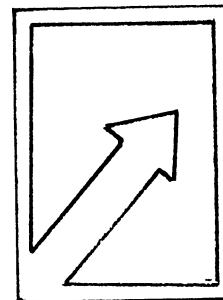
It should be noted that the State Health Plan is not a specific program for any one area of health care. Instead, it is an umbrella plan containing goals and objectives to be used as a guide by those who provide and those who receive health services.

WHO PREPARED THE PLAN?

The Plan was developed by the Missouri SHCC with the help of many Missouri citizens -- both providers and consumers of health services -- as well as more than 15 staff members.

WHAT IS THE PURPOSE OF THE PLAN?

The purpose of this document is to provide direction and scope to future developments in the determinants of health and to serve as a basis for decisions made under project review (i.e., Section 1523 (a)(4-6) and 1524 (c)(6) of the Public Health Service Act). Specifically, six major functions stand out:



1. to serve as the vehicle for development of health policy for the state;
2. to provide the basis for use in the planning by governmental and non-governmental organizations at the state level;
3. to provide the basis for allocation of scarce health resources at the state level;

4. to state priority areas for change in the health care system statewide;
5. to set statewide goals for health and health related activities and the actions and resources required to achieve these goals; and
6. to identify areas of concern for legislative or executive action.

By design, the first few editions will devote much space to the delivery of health and medical care. In succeeding years, however, more emphasis should be placed on the determinants of life style, environment and heredity.

The strategies outlined in this document offer policies, models and direction with the sole purpose being a more efficient and effective system. The issues are, by and large, statewide in nature. This is a State Health Plan. Very often, the specific findings of need and/or implementation of a policy is left to a local planning agency, to a local provider of care or to a local voluntary health agency.

It is the Statewide Health Coordinating Council's intent to offer suggestions and to bring forth alternatives it believes feasible and reasonable. It wishes to present options, while the decisions (or, at least, major commitments) remain at the local level. It is hoped that the plan will be used in the program and policy development phase for projects in identified problem areas and will provide a basis from which decisions regarding resource allocation can be made.

WHAT ISSUES DOES THE PLAN ADDRESS AND WHAT ARE SOME OF THE MAJOR THEMES REFLECTED IN IT?

The Plan focuses on four Priority Statewide Health issues. These issues were developed as a result of a comprehensive priority setting process. The four are:

- . Health Care for the Aged and the Chronically Ill;
- . Health Promotion and Education;
- . Mental Health; and
- . Primary Care.

issues
&
themes

In addition to closely examining these four issues, major themes reflected throughout the plan include:

-- PROMOTION AND PREVENTION MEASURES are essential since health is not simply medical care or "sick" care, but also "well" care. Health promotion, environmental health, prevention of illness or injury and health education are important in keeping people well. Recommendations contained in the plan are geared toward promoting the benefits of proper nutrition, exercise, a healthy physical environment and creating incentives to discontinue harmful behavior. In most cases, prevention is the first step to better health.

-- A REGIONALIZED APPROACH to the planning and delivery of health care services, so that care ranging from the routine to the most highly specialized is accessible to all citizens, no matter where they live. Such an approach requires the establishment of a NETWORK of services so that patients may be easily and quickly referred or transferred from one health care setting to another, with necessary follow-up. Sharing among health care facilities within a region also will help to avoid unnecessary and costly duplication of services.

-- REDUCING SURPLUS HOSPITAL AND NURSING HOME BEDS is a necessity, since Missouri is estimated to have more beds than it needs. Each empty bed costs money to maintain. Suggested methods to accomplish this goal include conversion to alternative uses or closing underused beds and institutions. The purpose of this approach is to redirect health care resources where they will do the most good.

-- ALTERNATIVES to institutionalization should be developed to serve the mentally ill and retarded, the chronically ill or disabled and the elderly. Community based alternatives to nursing homes and state mental hospitals include support services, such as home health care, homemaker services and residential treatment centers. Such alternatives will provide a less costly and more humane option for persons who choose to remain at home or within their community, if medically possible.

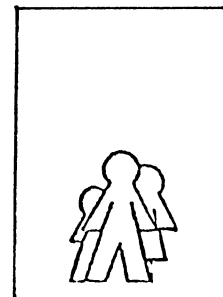
WHAT DOES IT MEAN TO ME?

As a consumer of health services -- and all of us are -- you should receive quality, affordable health care as a result of the efforts of Missouri citizens who helped develop the State Health Plan.

The young should have a better chance to live -- become less susceptible to communicable diseases.

The elderly should find more satisfying, more affordable services that better meet their needs than what is available now.

The cost increases in hospitals and other facilities should be slowed.



More health care personnel should be available in shortage areas.

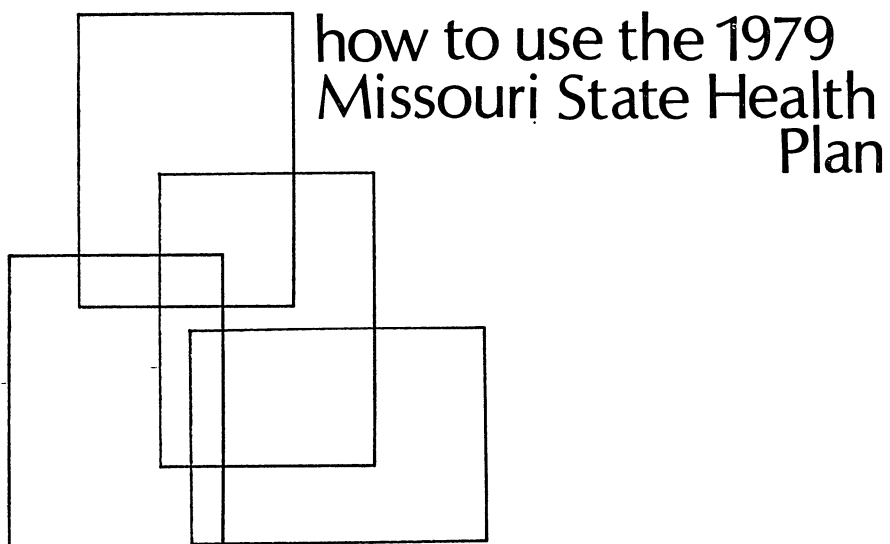
More efficient handling of emergency situations should save lives
-- maybe yours.

The water you drink and the air you breathe should become safer.

There should be better coordination and cooperation among the many complex operations of health care providers.

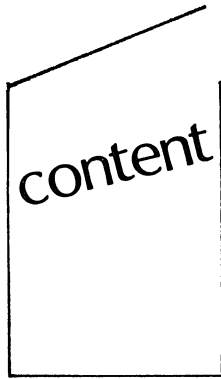
When Congress passed the "Health Planning and Resources Development Act of 1974," it declared as a national health policy the assurance of equal access to quality health care by all citizens at reasonable cost.

The Missouri SHCC, established under the same law, seeks to assure control and coordination through statewide planning and development toward that national goal.



how to use the 1979
Missouri State Health
Plan

Health plans tend to be confusing and difficult to read. This is due to the very nature of the subject. However, finding a particular topic of interest within a plan is difficult, especially if the topic is mentioned in several sections.

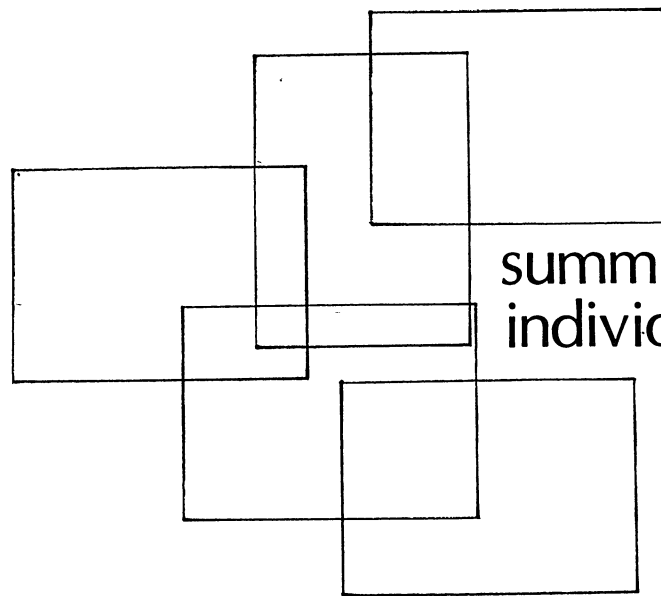


In the 1979 Edition of the Missouri State Health Plan, Chapter 1 and Section 3.9 are intended to familiarize the reader with background information; i.e., how did health planning develop, how are issues identified, what are the enabling services necessary for health planning.

Chapter 2 presents an overall economic, demographic and geographic description of the state with particular reference to those topics that indirectly affect health.

Section 3.2 discusses the overall health of Missourians and where we stand in respect to other states and the nation. Sections 3.3 and 3.4 discuss where we are in respect to preventing ill health and promoting good health while Section 3.5 describes the health system as it now exists and as the system would be if we achieved an optimal level of good health. Sections 3.6 and 3.7 describe what we should be doing for individuals in our society in need of special care with emphasis on caring for our aged population. Goals and objectives for reaching the desired results are listed at the end of each section.

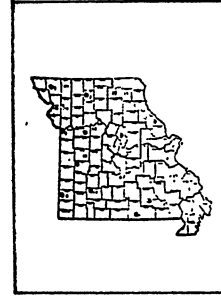
Since a particular topic may be addressed in more than one section, an index is included at the end of the Plan. Also, there is a basic glossary at the beginning of the plan to assist the reader in understanding new and unfamiliar terms.



summary of
individual plan sections

GENERAL DESCRIPTION OF THE STATE: CHAPTER 2

This chapter provides an introduction to the geographic, demographic, social, economic and vital statistic characteristics and trends in the Missouri population and delineates some of the health implications of these trends.



Five major trends were found:

1. The river systems, man-made lakes and topography in various parts of the state produce problems in the accessibility of health services;
2. The increasing number of aged population will continue to place a heavy demand on health services and facilities throughout the state;
3. Increasing educational attainment has a positive impact on utilization of health promotion and prevention services;
4. Increased dependence of Missouri's labor force on the commercial and service industries should result in further changes in residential location and increased mobility of the state's population;
5. A continued decrease or a leveling of the birth rate at a relatively low point in its historical trend will result in a slower rate of population growth than that which has occurred in previous decades.

--

HEALTH STATUS AND HEALTH SYSTEMS ANALYSIS: CHAPTER 3

HEALTH STATUS: SECTION 3.2

Health status has been analyzed based on a twofold approach: 1) to provide benchmarks that illustrate the relative wellness of the population within Missouri, in comparison to surrounding states and the U.S., and 2) to determine specific problem areas or "hotspots" relative to the overall health status of the population.

benchmarks

hotspots

Major causes of death and life expectancy for specific age groups were examined. These include:

1. communicable diseases
2. chronic diseases
3. overall accidents

4. motor vehicle accidents
5. suicide
6. homicide

Communicable diseases are those diseases which are transmitted from one person (or animal) to another person (or animal). For the most part, communicable diseases are preventable and, in fact, the incidence of most communicable diseases in Missouri is declining. To maintain this trend, the State Health Plan calls for 1) full immunization of children and 2) special efforts to control the spread of sexually transmitted diseases. Emphasis is on the prevention of communicable diseases.

Chronic diseases and conditions which result in chronic disabilities are a problem; the scope of this problem is as diverse as the total population. Each person is a potential victim. Most of the chronic diseases are, in a large measure, self-induced or self-caused; improper life style is a major contributing factor.

Accidents, homicides and suicides claim large numbers of lives in Missouri each year and the state mortality rates for each of these consistently exceeds the national rates.

In considering actions to reduce death rates and increase life expectancy, it must be remembered that death itself is inevitable. What is hoped for is that early and/or preventable deaths can be postponed.

To reduce early deaths the SHP advocates increased emphasis on life style changes, disease prevention and detection of diseases in early phases (see also Sections 3.3, 3.4).

PROMOTION AND PROTECTION SERVICES: SECTION 3.3

Health promotion activities seek to motivate the adoption of a personal life style which minimizes risks of avoidable disease, disability and premature mortality and assist individuals in making informed, appropriate use of the health care system.



info.

Health Education

Ill health cannot be prevented nor good health maintained without the knowledgeable participation of the consumers of health care. Effective methods need to be identified for helping consumers: 1) learn how to improve their health status; 2) use the health system effectively; 3) become more motivated to apply their knowledge.

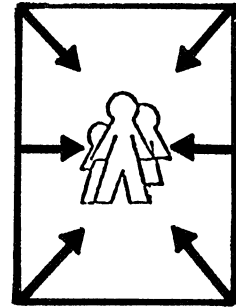
The State Health Plan outlines and supports the development and implementation of effective methods for educating the public about proper personal health practices and effective use of the health care system.

To attain this goal, the plan calls for: 1) determining what efforts are presently underway; 2) assessing the effectiveness of these methods; 3) improving the effectiveness of school health education programs; 4) encouraging business and industry to provide health education for their employees; 5) developing multi-media resources for reaching state residents.

Environmental Health

The thrust of the Environmental Health component of this year's State Health Plan is to provide a foundation on which to build a more comprehensive approach toward health and the environment.

The overall findings and the policy direction as advocated in this section are summarized below.



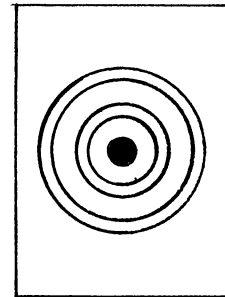
1. We are beginning to recognize the hazards of an unhealthy environment.
 2. Traditionally, we have been concerned with care after the fact, not with detection of the cause or prevention.
 3. We propose to use an approach that differs from the disease-by-disease strategies of the past.
 4. We view the pattern of modern illness as:
 - a. a population-based syndrome
 - b. resulting from options and opportunities available to populations through policies determined by public and private organizations, namely government and large corporations.
 5. A population and policy oriented planning approach contrasts with the disease-by-disease approach.
 6. This strategy reflects not only philosophical concerns but economic and social imperatives.
 7. Escalating costs of traditional strategies are reaching their political and economic limits.
 8. This ecological planning approach would aim at making changes in environmental and socioeconomic conditions in order to offer more options to promote health and fewer to diminish health.
-

9. Changes in policy direction alter living conditions, which alter peoples' habits, which in turn alter their body processes and, as a group, their health status and mental well-being.
10. We will be looking at the health of the people and not the state of the environment. In our analysis, we are concerned with health problems that can be conclusively traced to environmental conditions (black lung from coal dust, lead poisoning, bronchitis by air pollution, mental illness through noise).

PREVENTION AND DETECTION SERVICES: SECTION 3.4

Immunization

The current state immunization law requires that all children in grades kindergarten through 12 be totally immunized for DPT, polio, rubeola (measles), and rubella or have filed a statement of exemption. Immunization against mumps is not required. Most recent data indicated that immunization rates for all the above except mumps range from below 90 percent to about 94 percent. The estimated mumps immunization rate is 38 percent.



Well-Person Maintenance

Life style choices toward wellness are discussed in this section and contrasted with our present health care system. It is recommended that health promotion programs should exist at all levels within the health care system and emphasis in programs should be placed on: self-responsibility; encouraging a life style which fosters wellness; and treating the whole person (holistic health).

DIAGNOSTIC AND TREATMENT SERVICES: SECTION 3.5

Maternal and Infant Health

In Missouri, mothers and infants still die from diseases/conditions which our existing medical technology is capable of preventing. To deal with this issue, the Plan advocates an intensified effort to prevent and treat such deaths and conditions. Actions recommended include improving the coordination of programs currently underway to meet



the health needs of women and infants. Other actions include identifying special population subgroups with exceptional mortality rates, e.g., teenaged mothers and rural residents.

Standards for neonatal intensive care and obstetrical services are also addressed.

Surgical Services

In this section, emphasis is placed on analyzing the most medically-effective and cost-effective methods for surgery. It was found that ambulatory surgery for minor operations may permit better utilization of hospital services and facilities.

It is also recommended, in order to prevent duplication of costly resources which are not fully utilized, that the opening of new open heart surgery and cardiac catheterization units should be contingent upon full utilization of existing units and the placement of data and quality controls within the total program.

Diagnostic Radiology

Computerized Tomographic (CT) Scanning, a technique which combines radiographic and computer techniques to produce cross-sectional images of the head and body was studied in this section. It was found that the real cost of CT scanning depends not only on the number of units, their purchase price and the number of scans performed, but also on the extent to which CT scanning replaces other diagnostic procedures and reduces hospital and medical service utilization. Standards are established based on a study of "real" utilization.

Therapeutic Radiology

Therapeutic radiology is a medical specialty in which ionizing radiation is used in treating patients with cancer or other neoplastic diseases. The analysis indicated that cost-effective, safe and appropriate utilization should take place as normal considerations. This is interpreted to mean that highly expensive radiation therapy equipment should be placed only in those locations or settings where individuals will derive clear benefit. Minimum indicator levels are also established which provide for necessary treatment capabilities but seek to prevent the duplication of radiation therapy and/or the underutilization of existing capacity.

Emergency Medical Services

The primary purpose of a system of emergency medical services is to provide care that meets the perceived need for immediate medical care in order to save an individual's life or prevent the aggravation of illness or injury. It was found that Missouri has seven Emergency Medical Services Regional Councils which serve to develop, implement and continue Emergency Medical Services systems. The state's role has been mainly to obtain federal grant funds in order to improve the EMS system and provide central coordination.

Mental Health Services

It is estimated that from 10 to 25 percent of Missouri's population, or approximately 500,000 to 1,200,000 persons, are in direct need of some type of mental health services. The focus of the mental health section of the Plan is to enhance development of the mental health service delivery system in Missouri to respond to mental health needs.

With the combined actions of the government and private sectors, it is estimated that less than one out of five persons who are clinically in need receive treatment.

Outpatient Services

This edition of the State Health Plan deals only with the Primary Care component of outpatient services.

Stated simply, primary care is the health care most people use most of the time for most of their health needs. In an organizational sense, primary care describes the entry point for a patient into the health care system.

Access to primary care is an issue which most people describe as their main health care concern, i.e., they "can't get a doctor when they need one." To improve access to primary or initial care, the Plan recommends: 1) determining the current level of access to primary care throughout the state; 2) developing solutions to identified access problems (such as transportation, hours of service, cost).

The use of alternative settings for the delivery of primary care is also analyzed in this section, both in terms of cost-effectiveness and consumer familiarity.

General Medical Services

This component of the Diagnostic and Treatment Section of the State Health Plan addresses: End-Stage Renal Disease Services (ESRD), Pediatric Inpatient Services and Acute Inpatient Care Services.

Two kinds of ESRD life-sustaining services are analyzed: 1) hemodialysis, in which the patient's blood is run through a machine which acts as an artificial kidney, and 2) transplantation, in which the patient's nonfunctioning kidney is replaced surgically with a functioning kidney. Desired ESRD service utilization levels, unlike other standards addressed in the National Health Planning Guidelines, must be consistent with standards and procedures contained in DHEW regulations (published previously). It was found that a total of 835 Missourians with end-stage renal disease were on dialysis in FY 1977/78.

Pediatric Inpatient Services, as defined here, are delivered in "a pediatric inpatient unit in a specific section, ward, wing, hospital or unit devoted primarily to the care of medical and surgical patients less than 18 years old, not including special care for infants." Many factors come into play when analyzing the hospitalization of children. The National Guideline Standards are studied here in an attempt to focus on the major indicators of hospital and service efficiency.

In the Acute Inpatient Care section, the goal levels of the availability indicators (hospital beds/1,000 population, patient days/1,000 population, and percent occupancy) are to be considered expressions of the optimal 5 year goal levels for utilization.

The occupancy, beds/1,000 population, and patient day goals as developed in the State Health Plan are intended to be used as guidelines for the HSAs and should allow for the differing characteristics of rural and urban hospitals. The health systems agencies have the responsibility to determine the optimal levels of utilization and bed need in their respective health service areas and to justify exceptions based on the National Health Planning Guidelines, on statewide goal levels, and local circumstances.

The following principles are implicitly established by the National Health Planning Guidelines through the Missouri SHPDA bed-need methodology and will be used as a basis for determining actions relative to optimal levels of utilization and bed supply.

1. On a statewide basis, no expansion of the existing acute-care, inpatient bed supply is necessary at this time.
 2. Whenever possible, the current bed potential in existing facilities should be utilized to absorb any increases in utilization due to population changes.
 3. Health systems agencies are expected to examine the necessary factors to assure that the bed supply in their health service area will be sufficient for the next five years.
-

4. Where the health systems agencies, after review by the SHCC, determine that the supply of beds will be insufficient in a health service area or a portion of it, the health systems agencies are expected to work closely with the facilities involved to facilitate the development of beds to relieve the deficit.

HABILITATION AND REHABILITATION SERVICES: SECTION 3.6

Habilitation is the process of taking an individual to as high a functional degree as the person is capable of attaining. Rehabilitation is the process of returning an individual to as high a functional degree as is possible following the onset of a disabling illness/injury. Cost-effective alternative settings for the appropriate delivery of habilitation and rehabilitation services is encouraged and supported in the Plan. Developmentally disabled persons were also studied and it is proposed that they should be housed in the least restrictive environments which are appropriate for their needs. The provision of sophisticated treatment and general medical care for the disabled is also addressed.

MAINTENANCE SERVICES: SECTION 3.7

The need to promote and have available adequate home health care is addressed in this section. The need for a balance among the four levels of care -- long term, institutional, skilled-intermediate, personal, and alternatives -- also is stressed. It also was found that there is a distinct lack of long term care beds certified for Medicaid and/or Medicare reimbursement.

HEALTH SYSTEMS ENABLING SERVICES: SECTION 3.9

Information for Health Planning

This section deals with the availability of data for health planning and the need for coordination in its collection.

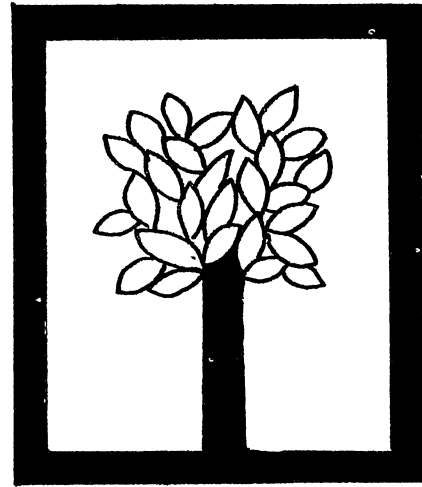
Issues in Health Manpower

It was found that there are problems of manpower distribution and utilization in rural and inner city Missouri and less of a problem of total numbers of manpower. A continuum is also described in which the development, maintenance and distribution of appropriate skills and adequate numbers of health care personnel is provided.

Financing

In order to curtail the rapid rise in health care costs, a comprehensive long term strategy for altering the structure and functioning of the system needs is espoused. Interventions are discussed which support reorienting providers, restructuring financial incentives and educating the consumers.

policy statements



"The health care system with which we are presently working must be molded and nurtured to serve the people. We must allow it sufficient time to take root, grow, and bear fruit."

In recognition of its responsibilities to serve as a leader and as an agent for improvement in the health care sector, the Statewide Health Coordinating Council (SHCC) has adopted the following roles and policies to help guide the state's health initiatives:

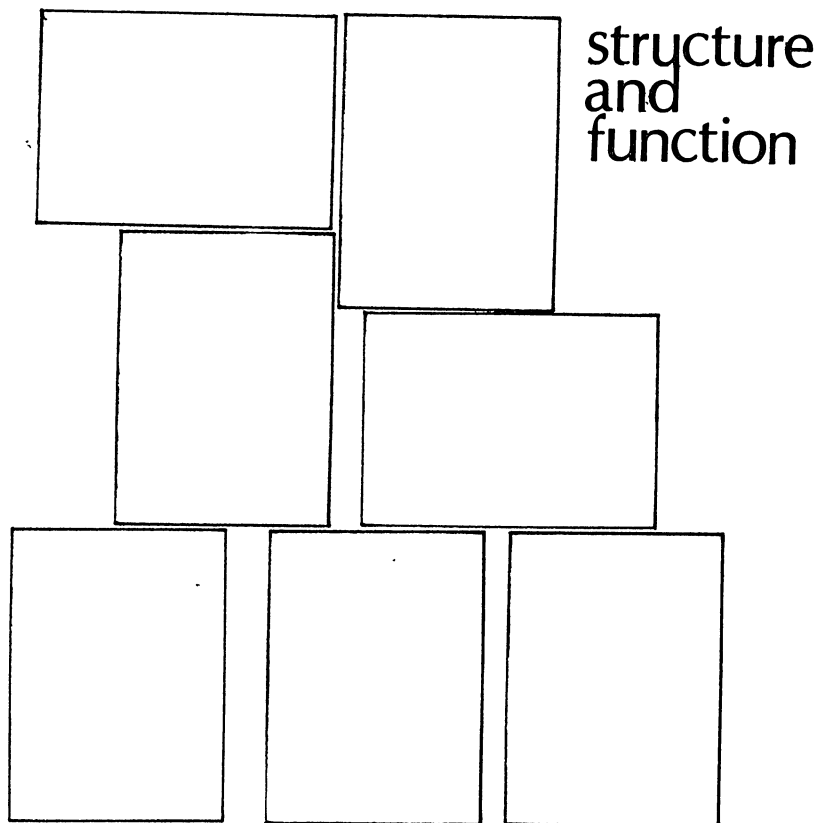
1. Ombudsman for health -- i.e., to be available as a public, statewide forum for complaints and concerns relating to health;
2. Evaluation of state agencies -- i.e., to periodically review health agencies relative to their effectiveness in meeting the state's health policies and goals;
3. Evaluation of the state's health budget -- i.e., to annually review each health agency's budget request relative to the State Health Plan;
4. Mediation -- i.e., to coordinate the planning activities of the state;
5. Legislative advisor -- i.e., to evaluate and/or develop health legislation;
6. Advisor to Governor -- i.e., to act as a nonpartisan advisor on health without specific programs to protect; and
7. Roles mandated by P.L. 93-641 -- i.e., plan development, plan coordination and resource allocation.

Based on the responsibilities implied by the roles and the values currently held by the SHCC, the following statements of value and policy will provide the current basis of all planned intervention in the health care system in Missouri:

1. Efforts should be undertaken to develop more realistic and action-oriented prevention programs aimed at environment and life style problems which help to cause illness and/or death.
 2. Health education should be promoted and emphasized at all levels through the media, utilizing all effective means of communication in addition to school health education.
 3. Health is both the prevention of disability and the postponement of death.
 4. Expensive, short-term methods of prolonging the act of dying should be used carefully.
-

5. The concept that the cost of health is much less than the cost of illness should be emphasized.
 6. Quality of life should be concerned with the socio-economic, genetic, emotional and environmental, as well as physical well-being.
 7. Health care services should be available and accessible to all citizens of Missouri. Along with the availability and accessibility of health care services to all citizens of Missouri, there should be a strong emphasis on education of the public in the responsible use of health care services.
 8. Citizens should pay the reasonable cost of health care contingent upon: maintaining and improving health care; charging the same rate for health care for the same service; providing equal treatment regardless of service; payment; and funding for services which would reduce the cost of institutionalization or a long period of medical care.
 9. Planning should be realistic in its approach, from the establishment of goals through the development of strategies for actions. Problems inherent to certain geographic areas should be examined prior to determining goals and objectives.
 10. Planning should focus on education of the younger generation's health care habits. Also, education of persons identified as being in need of services and about services currently available is deemed an important policy.
 11. Motivation and incentives are necessary to get parents to accept responsibility to utilize services and/or acquire preventive techniques.
 12. Planning should focus on marketing techniques for currently existing programs. Selling of techniques and services currently available through voluntary agencies and groups in existence should be encouraged. Be certain that existing services are not sufficient to meet the requirements before beginning new services.
 13. Improving the quality of health is the goal of the health care system.
 14. The health care system with which we are presently working must be molded and nurtured to serve the people. We must allow it sufficient time to take root, grow and bear fruit.
-

15. There must be integration and coordination of the health care system with the other systems presently operative in our society, e.g., public sector; private business sector; and educational districts in order to maintain a holistic approach.
 16. The goals and objectives outlined in our health care system plan(s) must be implemented.
 17. Better education of the general public (consumer and provider) as to the proper use of the medical care system must be provided.
 18. Financial consideration should include: incentives for consumers; encouragement to providers to promoting innovative, competitive, cost-controlling ways of rendering services; and third-party payors building flexibility into programs. Also, thought should be given to the elimination of first-dollar coverage to promote consideration before entering the system.
-



P. L. 93-641 - THE NATIONAL HEALTH PLANNING AND RESOURCES DEVELOPMENT ACT

This law, passed in 1974, created a nationwide network of health planning agencies. The Health Systems Agencies, the State Health Planning and Development Agency, and the Statewide Health Coordinating Council were all formed as a result of this legislation. Other stipulations of the law are the development of Health Systems Plans and the enactment of Certificate of Need Programs in each state. The law has two Titles (sections).

TITLE XV - Established the structure and function of the National Health Planning and Resources Development program.

TITLE XVI - Replaces the Hill-Burton Program.

SHCC - STATEWIDE HEALTH COORDINATING COUNCIL

A consumer majority statewide body appointed by the governor which carries out health planning functions as mandated by P.L. 93-641. Sixty percent of its membership is recommended by the Health Systems Agencies and forty percent of the Council is composed of members at large. Among the duties of the SHCC is the preparation of the State Health Plan (see Table i).

SHPSA - STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

This agency is responsible for statewide planning under P.L. 93-641. The agency also administers the Certificate of Need program. The agency is staff to the Statewide Health Coordinating Council and assists the Health Systems Agencies in their planning functions (see Table i).

HSA - HEALTH SYSTEMS AGENCY

Area I HSA (Mid-America Health Systems Agency)

Agency Office - Kansas City

Area II HSA

Agency Office - Moberly

Area III HSA (Greater St. Louis Health Systems Agency)

Agency Office - St. Louis

Area IV HSA (Southwest Missouri Health Systems Agency)

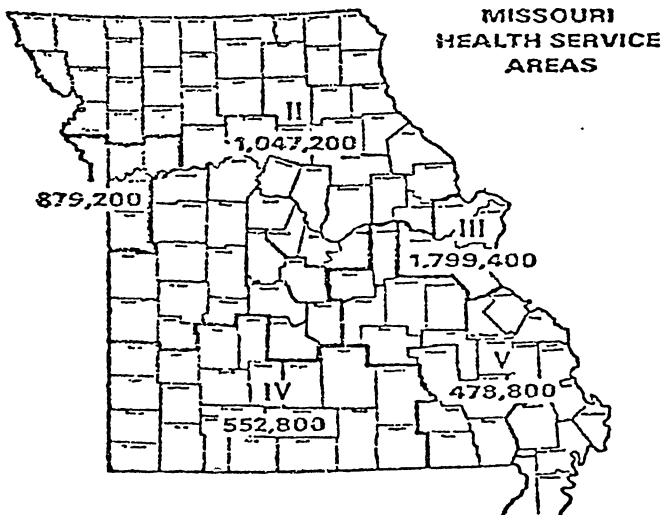
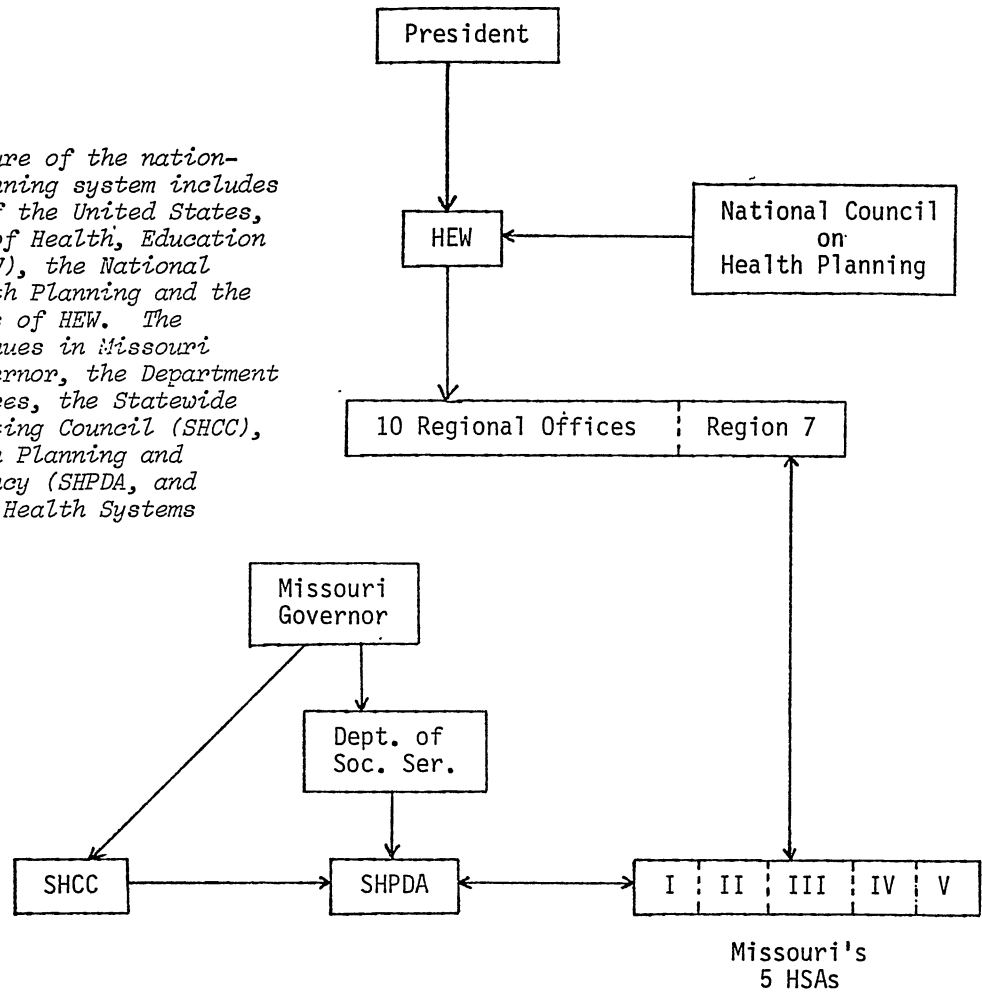
Agency Office - Springfield

Area V HSA

Agency Office - Poplar Bluff

TABLE 1: STRUCTURE OF HEALTH PLANNING SYSTEM

The structure of the nationwide health planning system includes the President of the United States, the Department of Health, Education and Welfare (HEW), the National Council on Health Planning and the Regional Offices of HEW. The structure continues in Missouri through the Governor, the Department of Social Services, the Statewide Health Coordinating Council (SHCC), the State Health Planning and Development Agency (SHPDA), and the independent Health Systems Agencies (HSAs).



There are five HSAs in Missouri covering the five Health Service Areas of the state. The HSAs are the most basic element in the national health planning system. The five HSAs are: Region I, Mid-America Health Systems Agency; Region II, Area II Health Systems Agency; Region III, Greater St. Louis HSA; Region IV, Southwest Missouri Health Systems Agency; and Region V, Missouri Area V HSA Council, Inc. The numbers represent population statistics for each area.

THE STATEWIDE HEALTH COORDINATING COUNCIL

PRESENT MEMBERSHIP:

PLAN DEVELOPMENT COMMITTEE

CONSUMERS:

Jeannette Butcher, Volunteer
 Betty Dickey, Volunteer
 James Duvall, Labor
 Sallie Hailey, Volunteer
 Donna Lindaman, Volunteer
 Art McClure, Ph.D., Educator
 Vivienne Ponce, Volunteer
 Haywood Snipes, Architect

PROVIDERS:

George Beck, Blue Cross
 Ray Bess, Practicing Optometrist
 Robert E. Bregant, M.D., Practicing Physician
 Leonard Ernstmann, Hospital Administrator
 George Goodman, D.C., Practicing Chiropractor
 Kathleen Israel, Hospital Administrator
 Samuel Rodgers, M.D., Practicing Physician
 Everett Roeder, M.D., Practicing Physician

EX OFFICIO:

Joseph Mackney, Veterans Administration

RESOURCES DEVELOPMENT COMMITTEE

CONSUMERS:

Hazel Bledsoe, Publisher
 Sparrel Davis, Insurance Agent
 Prudence Fink, Lawyer
 J. P. Garrett, Volunteer
 Hiram Hoover, Elected Official
 Arthur Jacobs, Volunteer
 Marvin Kirby, Educator
 Van Taylor, M.D., Retired Physician
 Ed Thayer, Businessman
 Honorable Robert Ellis Young, Elected Official

PROVIDERS:

Harold Reichert, Pharmacist
 Audrey Rivers, R.N., Nurse
 Milton Shoss, M.D., Practicing Physician

PAST MEMBERSHIP:

PROVIDERS:

Donald Babb, Hospital Administrator
 Diane Mnookin, R.N., Nurse
 Sanford Postar, D.P.M., Practicing Podiatrist
 Sister Mary Roch Rocklage, Hospital Administrator

CONSUMERS:

Page Jackson, Volunteer
 Josephine Lockhart, Educator

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

STAFF

ADMINISTRATION

Henry Mandro, Executive Director
Patty Hagenhoff, Clerk Stenographer
Rose Schroeder, Clerk Stenographer
Roslyn Sisco, Librarian

PLAN DEVELOPMENT SECTION

Stephen Mahfood, Chief of Plan Development
Dianne Petersen, Health Planner
Jacqueline Wessel, Health Planner
Thomas Lange, Health Planner
Bernadette Houchens, Clerk Typist
Peggy Smith,* Clerk Typist

RESOURCES DEVELOPMENT SECTION

Carol Wortham, Chief of Project Review
Mecca Carpenter, Health Planner
Steve Lyddon, Health Planner
Mary Jean Remmert,* Project Review Specialist
Dena Hagenhoff,* Clerk Stenographer

* Past Member
